## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

| 0 | 0 4 0 1 ∈ 9

0 3226 0 6000 | P5

| CLAIMS AS FILED - P<br>(Column 1   |  |   |               |                              | (Column 2)                    |                  |     | SMALL ENTITY TYPE   |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |
|--|--|---|---------------|------------------------------|-------------------------------|------------------|-----|---------------------|------------------------|----|-------------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 20            |                              |                               |                  | ſ   | RATE                | FEE                    |    | RATE                          | FEE                    |
| FOR  |  |   | NUMBER FILED  |                              | NUMBER EXTRA                  |                  |     | BASIC FEE           | 370.00                 | OR | BASIC FEE                     | 740.00                 |
| TOTAL CHARGEABLE CLAIMS  |  |   | 20 minus 20=  |                              | * Ø                           |                  |     | X\$ 9=              |                        | OR | X\$18=                        |                        |
| INDEPENDENT CLAIMS   |  |   | 니 minus 3 =   |                              | ' /                           |                  |     | X42=                |                        | OR | X84=                          | 84.00                  |
| MU   | TIPLE DEPEN                                    | DENT CLAIM PF                             | RESENT        |                              |                               |                  |     | +140=               |                        | OR | +280=                         |                        |
| * If   | the difference                                 | in column 1 is l                          | ess than ze   | ro, ente                     | r "0" in c                    | olumn 2          | L   | TOTAL               |                        | OR | TOTAL                         | 824 W                  |
|  |  |   |               |                              |                               | (Column 3)       |     | SMALL E             | NTITY                  | OR | OTHER<br>SMALL                |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | HIGH<br>NUM<br>PREVI<br>PAID | BER                           | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 15                                      | Minus         | <b>~</b> 2                   | 0                             | = &              |     | X\$ 9=              |                        | OR | X\$18=                        |                        |
|  | Independent                                    | NTATION OF MI                             | Minus         | ***                          | 4                             | -8               |     | X42=                |                        | OR | X84=                          |                        |
|  | PINST PRESE                                    | NIAHON OF MI                              | JLI IPLE DEF  | ENDEN                        | COAIM                         |                  | ' [ | +140=.              |                        | OR | +280=                         |                        |
| ADD  |  |   |               |                              |                               |                  |     | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE           |                        |
|  |  | (Column 1)                                |               |                              | mn 2)                         | (Column 3)       |     |                     |                        |    |                               |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREVI                        | HEST<br>IBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                           |                               | =                |     | X\$ 9=              |                        | OR | X\$18=                        |                        |
|  | Independent                                    | * NTATION OF MI                           | Minus .       | ***                          | T.C. AUA                      | -                | 11  | X42=                |                        | OR | X84= .                        |                        |
| L  | PINST PRESE                                    | NIATION OF RAI                            | JLIIPLE DEI   | ENDEN .                      | CLAIM                         |                  | 1   | +140=               |                        | OR | +280=                         |                        |
|  |  |   |               |                              |                               |                  |     | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE           |                        |
|  |  | (Column 1)                                |               |                              | mn 2)                         | (Column 3)       |     |                     |                        |    | •                             |                        |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NUM<br>PREVI                 | HEST<br>ABER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus         | **                           |                               | =                |     | X\$ 9=              |                        | OR | X\$18=                        |                        |
|  | Independent                                    | A TATION OF M                             | Minus         | ***                          | T CL AIN                      | -                | П   | X42=                |                        | OR | X84=                          |                        |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |                              |                               |                  |     | +140=               |                        | OR | +280=                         |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE |  |   |               |                              |                               |                  |     |                     |                        |    | TOTAL<br>ADDIT, FEE           |                        |
| 994  | of the "Highest Nu                             | imber Previously P<br>nber Previously Pa  | ald For IN TH | IS SPACE                     | is less tha                   | ın 3, enter "3." |     |                     | ropriate bo            | ,  |                               |                        |